

Memorandum

THE ROCKEFELLER UNIVERSITY
NEW YORK 10021-6399

TO: The Record

PRIVATE

FROM: Rodney W. Nichols *RWN*

SUBJECT: Ronald Crystal ←

DATE: 17 November 1986

In preparing for Dr. Lederberg's visit to see Dr. Crystal at NIH on November 18, these notes will summarize the general situation with respect to our unfolding consideration of the prospects of Dr. Crystal joining The Rockefeller University faculty and establishing his program of laboratory and clinical research in the Hospital.

1. Recommendation from Search Committee. On April 11, 1986, the Search Committee for the Hospital (Kappas chair, plus Ahrens, Breslow, Carter, Greengard and Kaiser) recommended to JL that Crystal be appointed as a full professor to establish a new group at the Hospital. Their letter, a summary of Crystal's work, and a short CV are attached.

2. Earlier Visits and Explorations. Crystal visited the campus during 1985 as the Search Committee was interviewing the top half-dozen possible candidates. He visited again briefly during the early summer of 1986 for an appointment with JL. On balance, the Committee felt that Crystal combined better than any other candidate, the qualities of extremely active research with in-patients and a burgeoning laboratory program with a strong biochemical thrust.

Crystal has not become familiar in detail with the campus; he indicated this during my lengthy telephone conversations with him between September and November 1986. Accordingly, before he makes any decision, he needs to consider not only the environment for his laboratory and clinical work, and his salary, but also the housing arrangements for himself and a small child (a second marriage). Such a visit could be scheduled for mid-December 1986, depending upon JL's impressions from the November 18 visit to NIH and the exchange with the Standing Committee on Scientific Affairs on November 21.

→ [3. Space. Tentatively, Dr. Kappas and I have talked about assigning the entire 5th floor to Dr. Crystal and his group. This would provide on the order of 5,000 net sq.ft. It would also entail some relocations, not trivial, but not inordinate.

was Ahrens' floor

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Crystal is likely to request some additional laboratory space -- he now has about 6,000 net sq.ft. at NIH -- and a substantial "supporting clinical facility" akin to the facilities he has now at the NIH CRC. Alternatives within our Hospital include the 4th floor and/or the 6th or 7th floors, depending upon the preferences of Dr. Kappas for relocating his own lab (parts of floors 6 and 7) and the use of the 4th floor with its mixed office functions (formerly it was used for the 10 extra patient rooms).

There is also the possibility of assigning either Choppin's or Kunkel's former space to Crystal. Both are in Founders, are only partly used now, have about 5,000 net sq.ft., and are not yet committed.

4. Size of Group. As indicated in the attached summary of Dr. Crystal's program, he has about 22 members of his professional/ scientific staff, almost all of whom are young MDs. This, as he put it, is totally a "flat pyramid" with him working directly with each of almost all of these young physicians. There are few permanent staff at NIH, and aside from himself no others in his group; thus he rotates these young MDs for periods of up to five years. He also employs about 13 professional technicians, 3 full-time secretaries, and 2 clerk-assistants, in the laboratory.

The salary levels of the young MDs range from about \$20,000 per year to almost \$45,000 per year. Most of them have had both internship and residency, joining Crystal as their first substantial appointment. Presumably, with this salary scale, there would be no major problem in his moving many of the young MDs to New York City within our salary scale; but it is likely that a number of his young physicians would be at the high end of our scale for senior postdocs and assistant professors with MDs.

He tends to use about 12 in-patient beds at the NIH CRC on a continuing basis. Occasionally, there is a peak at 15 beds. Rarely do patients stay for more than 5 days. Typically, the patient is admitted on a Sunday evening and leaves on Friday. Kappas, Carter, and Breslow all confirm that these hospitalizations do require the clinical research manipulations that Dr. Crystal provides; what proportion of the hospitalizations could be the basis for third party reimbursement is not yet clear.

5. Timetable. Crystal is in his 16th year at NIH. His "guess" is that an early retirement could be worked out amicably so that he did not forgo all of his likely retirement income. He says there are some precedents.

He would prefer a comparatively slow transition so that there would be "positive" feelings on both sides; perhaps this could mean a lab in two sites for 2-3 years. Although he is not looking for a job, he is extremely interested in the flexibility and enhanced scientific environment of The Rockefeller University.

His guess was that Hughes support for his group might be "critical" to assure adequate funding. Nonetheless, he could come within one year (from the fall of 1986) if the professional incentives were sufficiently strong.

He would be very careful to consider NIH's long-term interest in sustaining the program along the lines he has established. So I continue to get the clear indication that he believes it would be possible, with an "amicable" parting from NIH, to arrange for major grant support from the Heart Institute in due course.

He is interested in The Rockefeller University Hospital because of the "possibility for expansion" of his group. I gather that he means that he would like to hold one or a small number of his best postdocs in the assistant professor rank for an extra five years or more beyond the five year postdoctoral period -- and that this is the major reason he would consider leaving NIH. This "expansion" of two or three individuals beyond his present complement would permit him to continue a line of research on a reliable basis beyond the period that he can do so now. Harvard's offer, as he explained it to me, had a "defect" because the Boston Children's Hospital insisted that he have a smaller group and give a high priority to cystic fibrosis. This meant that both the timetable and the program in Cambridge did not fit his current priorities.

He also has a substantial concern, affecting his timetable for continuing his program with minimal interruptions, that he have "control" of major sources of patients and major streams of young MDs. In this connection, he was assuming that Cornell University Medical College would be an agreeable collaborator. He notes that with Crandall having arrived at Cornell, there may be less possibility for Crystal to have a strong influence on the pulmonary medicine activities at Cornell-New York Hospital. I mentioned that I thought we could work out arrangements with Dean Meikle and others at Cornell, but that this remained to be seen. Crystal was not especially interested in working with MSKCC, although he agreed that something along these lines also ought to be explored.

6. Operating Budgets and Equipment. Crystal is working up a list, at my request, of the estimated cost of his needs for laboratory equipment and the clinical supporting facilities/instrumentation. He has not mentioned any number to me yet. But he recently said that this will be a larger number than he had expected, because he has been confirming the large amount of equipment in his laboratory. His average supplies budget runs, he says, \$100,000 per month. I have not looked into the basis for this budget nor the elements of it. He mentioned this number to me in connection with his having been allocated approximately 10% of the total intramural budget of the NIHLB.

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7. Living Arrangements. As hinted earlier, he and his wife and 2 year old child have no aversion to New York City. In fact, aside from the usual references to high cost of living in the New York area, I gather he might enjoy moving to New York. He and his wife have talked about housing, and have concluded that they would probably live outside the City in the suburbs, and have a "very small apartment" in the City so that he could stay near the lab for three or four nights a week, as required.

Enclosures

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cc: ~~Arthur Lederberg~~
Antonia M. Siddiqi